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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application Identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: Practitioners associated with the Customer Number: 80236 Practitioner(s) named bolow (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patient applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 1 80236 The address associated with Customer Number: ORFirm or Individual Name Address City Country Telephone Assignee Name and Address: CareFusion 303, Inc. 3750 Torrey View Court San Diego, CA 92130 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be flied.

Name Joan B. Stafslien Telephone (858) 617-2000 Title Executive Vice President, General Counsel & Secretary on of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) en application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes by the CDF or providing affine applications. On the providing affine completed application form to the USPTO. This will vary depending upon the individual case. Any complete on the amount of time your require to complete in the form and/or suggestions for reducing this burder, should be sent to the Christ Information Officer. U.S. Pasterl and Thomas (S.C., Department of Commerce, P.C., Dox 4154, Alexandisk, V.A. 2231-1480, O. DAT SEAN PEER COMPLETED.

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignce

Date

JAN 12 2010

Signature

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